

NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)

Duplicate
(check, if applicable)

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.: 5887-308US
First Named Inventor: Dean Hedin
Express Mail Label No.: EV343987329US
Total Pages of Transmittal Form: 2

22278 10/663456
U.S. PRO
09/16/03

Transmitted herewith for filing is the non-provisional utility patent application entitled:

AMUSEMENT DEVICE SHARED RESOURCE SYSTEM AND METHOD

which is:

an Original; or
a Continuation, Divisional, or Continuation-in-part (CIP)
of prior Application No. filed
Anticipated Group/Art Unit: or Class , Subclass
 This non-provisional patent application is based on Provisional Patent Application No.
, filed

Enclosed are:

Specification (including Abstract) and claims: 12 pages.
 Application Data Sheet.
 Newly executed Declaration (copy).
 Copy of Declaration from prior application.
 Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
 4 sheets of drawings (formal).
 Microfiche computer program (Appendix).
 Nucleotide and/or Amino Acid Sequence Submission, including:
 Computer readable copy Paper Copy Verified Statement.
 Under PTO-1595 Cover Sheet, an assignment of the invention
 Name of Assignee: **Merit Industries, Inc.**
 Certified copy(ies) of Application No(s). filed is/are filed:
 herewith or in prior application
 Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under
37 C.F.R. §1.27 as an Independent Inventor, or a Small Business Concern,
or a Non-Profit Organization.
 Preliminary Amendment.
 Information Disclosure Statement, PTO/SB/08A, and cited copies of foreign
patent documents.
 Request for Nonpublication of Application Under 35 U.S.C. §122(b)
 Other:

The filing fee is calculated as follows:

CLAIMS	NO. FILED	NO. EXTRA	SMALL ENTITY		LARGE ENTITY		
			BASIC FEE: \$375		BASIC FEE: \$750		
Total	14 - 20 =	0	X9	\$	OR	X18	\$ 0.00
Independent	3 - 3 =	0	X42	\$	OR	X84	\$ 0.00
[] Multiple Dependent Claims Present			\$140	\$	OR	\$280	\$
			TOTAL	\$	OR	TOTAL	\$ 750.00

[] The commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts.

[X] A check in the amount of **\$750.00** to cover the filing fee is enclosed.

[X] The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 205887.0308)** as noted below. A duplicate copy of this sheet is enclosed.

[X] Any overpayments or deficiencies in the above-calculated fee.

[] Filing fee in the amount of \$ _____ as calculated above.

[X] Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.

[X] In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

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Enclosures